Schedule (	}			
Payments	Made by an	Agent o	r Indepe	ndent
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Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE (			
Statement covers period  m	CALIFORNIA FORM	460		

SEE INSTRUCTIONS ON REVERSE				through		20	/ 20
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Friends of Don Meredith					•		
NAME OF AGENT OR INDEPENDENT CONTRACTOR	<del></del>					1279717	
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Sheila McNichols	· · · · · · · · · · · · · · · · · · ·						
<b>CODES:</b> If one of the following codes accurately describe CMP campaign paraphemalia/misc.	es the payment, yo MBR member of				oe the payment. radio airtime and producti	on costs	
CNS campaign consultants	MTG meetings and appearances			RFD returned contributions			
CTB contribution (explain nonmonetary)*	OFC office expenses				campaign workers' salarie		
CVC civic donations	PET petition circulating				TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals		
FIL candidate filing/ballot fees FND fundraising events	PHO phone ban						
IND independent expenditure supporting/opposing others (explain)*	POL polling and		essenger services	TCE	staff/spouse travel, lodgir transfer between committed	ig, and meals	; 
LEG legal defense	PRO profession				voter registration	ees of the sa	me candidate/sponsor
LIT campaign literature and mailings	PRT print ads	at Services (le	gai, accounting)		information technology co	nete (internet	omail)
* Payments that are contributions or independent expenditures must also be s		D.		WL.	illionnation technology of	ss (memer,	emany
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			DR DESCR	RIPTION OF	PAYMENT		AMOUNT PAID
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Attach additional information on appropriately labeled continuation sheets.  TOTAL* \$						1427.29	
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<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.